

Senator Handley, Rep Sayers and Members of the Public Health Committee

Thank you for this opportunity to discuss Committee Bill No. 696 **An Act Expanding the Jurisdiction of the Department of Mental Health and Addiction Services**. My name is Susan Zimmerman and I am the Policy Specialist for FAVOR. FAVOR is a family advocacy organization supporting families, children and youth dealing with mental health issues. FAVOR employs 10 family advocates who work with families to obtain community mental health services. As an agency we are familiar with the issue of young adults transitioning from the Department of Children and Families into the Department of Mental Health and Addiction Services.

Historically there has been a gap in services due to differing eligibility criteria. FAVOR has been pleased with the decision to create a Young Adult Services program at DMHAS to fill this gap and to provide age appropriate services for young adults whose programming needs differ from older adults also served by DMHAS. Young Adult Services is currently being asked to serve a growing number of youth on small budget and we fully support the additional \$2.9 million in FY08 and \$4.9 million in FY09 included in the Governor's budget to develop additional capacity. This is a first step to address the current gap in DMHAS Young Adult Services as eight regions currently have no YAS services.

With this attention on young adult services, the question of the right age to transition seems appropriate. The March 2005 Survey of the National Association of State Mental Health Directors points out the transition period into adulthood encompasses ages 16-30.<sup>i</sup> However, the transfer of responsibility to DMHAS at age 16 is not consistent with the notion of returning 16 and 17 year olds to the juvenile justice system which FAVOR fully supports.

It is also true that the Department of Children and Families and the local school systems have a responsibility to develop adequate transition plans for these young adults already receiving their services. We agree with the findings at the recent Young Adults forum hosted by Senator Harris and the Office of the Child Advocate that these children are often entering into the adult service system without needed skills. We believe the frustration with the transition planning should be addressed.

The experience of families with children in DMAHS Young Adult Services suggests that more needs to be done to see youth as different from adults and to provide a broader continuum of services particularly housing. The funding for Young Adult Services is not currently adequate to support the youth already in the program and we have concerns about transferring responsibility without addressing the question of resources. Federal MH block grant dollars or Early Prevention, Screening, Diagnosis, and Treatment funds could support services. Substance abuse, vocational rehabilitation, and corrections funding could be blended to better serve this age group.

To explore these resource options and to fully understand the service delivery system needed to support young adults, we suggest that the legislature establish a coordinating

council charged with responsibility to determine the appropriate age for services transferring to DMHAS, to coordinate eligibility between DCF and DMHAS, to oversee transition planning, and to find ways to blend existing funding to provide the continuum of services appropriate for this age group. We would also urge the committee to include language in the DMHAS statute requiring collaboration with DCF on young adults who are expected to be eligible for SMHAS (State Mental Health Authority Services) at age 18.

FAVOR would be happy to work with the committee on these proposals. I would like to close with a quote from the earlier cited Survey of State Mental Health Program Directors outlining the kind of services needed for the young adult population:

Some common characteristics of young adults with serious mental health needs include that they need habilitation, not rehabilitation, they prefer the company of same-age peers—peer approval is particularly powerful. The stigma of mental illness is also particularly painful at this age, they have not finished their schooling or they have quit prematurely, frequent job changes are common in all young adults, they are often still very imbedded in their families, they do not trust authority, they need to experiment in many areas of their lives to determine what they want (as opposed to what others told them they should want), they are sexually active but not socially skilled, drug and alcohol use may be considered by those this age to be socially ‘normal’, many suffer the sequelae of emotional physical trauma, and their parents struggle to find new ways of relating to their legally adult child.<sup>ii</sup>

Thank you for your attention to this important issue affecting Connecticut’s young adults.

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<sup>i</sup> “State Efforts to Expand Transition Supports for Young Adults Receiving Adult Public Mental Health Services,” Prepared by Maryann Davis, PhD and Bethany Hunt, Research Assistant; Center for mental Health Services Research, Department of Psychiatry, University of Massachusetts Medical School, March 2005, page 3.

<sup>ii</sup> Ibid, page 21